PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90145 047 ***150.00

1. Corporation	MENT # V56744 HIUM REALTY CONSULTAN			
Principal Place	of Rusiness	Mailing Address		T \$000 Ditto Ditio Ditio Ditio Ditio Ditio Didio Didio Ditar Didio
5705 GRANDE RESERVE WAY		5705 GRANDE RESERVE WAY		,
102		102		
NAPLES FL 34110		NAPLES FL 34110		DO NOT WRITE IN THIS SPACE
US		US		Date Incorporated or Qualifed
				07/31/1992
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0359576 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
22		27		
City & State		City & State		6. Election Campaign Financing Added to Fees
23		28	Country	7.20
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	25	29 3	01	10. Name and Address of New Registered Agent
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Haine and Hadrobe et How Hag
STEWART TERRI				
5705 GRANDE RESERVE WAY			82 Street Add	dress (P.O. Box Number is Not Acceptable)
102	01011/02 1202111		83	
	LES FL 34110			
MAPLES I E STITIS			84 City	FL 85 Zip Code
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florid	a Statutes.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Ri	egistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		DELETE	1.1 TITLE	↑ ☐ Change ☐ Addition
TITLE	PD CTEMARY TERRIL	ت محدد	1.2 NAME	, _ ,
NAME			1.3 STREET ADDRESS	•
STREET ADDRESS		, #102		· · · · · · · · · · · · · · · · · · ·
CITY ST ZIP	NAPLES FL 34110	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
TITLE			2.2 NAME	
NAME			2.3 STREET ADDRESS	
STREET ADDRESS				•
CITY-ST-ZIP		☐ DELETE	2 4 City-St-ZIP	☐ Change ☐ Addition
TITLE		·	32 NAME	
NAME			I i	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
TITLE			F .	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	•
CITY-ST-ZIP		C DELETE	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>	□ DELETE	54 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE SENATURE AND THE CONTROL NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

3/11/99 941 594.1478

Daytime Phone #

(2E034 (11/98)